

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7625

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10073
City St. Louis (No. 8th & Washington Ave.) St. Ward)

File No.
Registered No. 1584
St. Ward)

2. FULL NAME

Harry J. Burns
(a) Residence, No. 2123 Waterman St., 25 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Bertha Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent, Photo. Insk. Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME Timothy Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Catherine Giel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Mrs Bertha Burns, 2123 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 2/16 1933

19. UNDERTAKER (ADDRESS) Mullholland Co., 5005 Delmar Blvd.

20. FILED FEB 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician attempted
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 11:40 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
acute hemorrhagic pancreatitis
128
Other contributory causes of importance:
128

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold Schuy M.D.
(Address) 2/14/33

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

